

AWARDS, GRANTS & BURSARIES BRANCH PROJECT FUND APPLICATION FORM

Please first **carefully review** the Branch Project Fund to ensure that you are applying for the right grant and can meet all of the required criteria.

Please make sure that your application includes:

1. the completed Questionnaire;
2. the Applicant Declaration and Branch Endorsement; and
3. a Detailed Budget.

Please complete each part of this application in full in order to be considered; feel free to contact Inclusion Saskatchewan for assistance. You may type directly on this document. Please email to Connie Andersen, Director of Community Development, at conniea@inclusion.sk.com or mail to:

Inclusion Saskatchewan
Awards, Grants & Bursaries Committee Chair
3031 Louise Street
Saskatoon, SK S7J 3L1
Attention: Connie Andersen

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QUESTIONNAIRE

1. Today's Date: _____
2. Project Name _____
3. What is the project's timeline (when will it start and end)?
4. What is the amount of funding you require? _____
5. Cheque to be issued to: _____
6. What is your contact information? *(please print)*
Name: _____
Organization /
Branch Name: _____
Address: _____
Phone Number(s): _____
Email: _____
7. How will your project promote the Mission & Vision of Inclusion Saskatchewan?

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11. How will you judge that your goals have been met for this project?

12. How will you continue with this project in the future?

13. Please include a detailed budget (*complete the budget form*).

DECLARATION BY APPLICANT

I declare that the information contained in this application and supporting documents are complete, true and accurate and understand that if this is not so I will not be considered for approval for this grant.

Name of
Applicant (*print*): _____

Signature of
Applicant: _____

Date: _____

I am a Member of _____
Inclusion Saskatchewan Branch Name

BRANCH ENDORSEMENT

Name of Branch: _____

Name of Branch
President (*print*): _____

Signature of
Branch President: _____

Applications that are not endorsed by the President of an Inclusion Saskatchewan Branch will not be considered for funding.

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DETAILED BUDGET

Please provide a **detailed** budget, indicating:

1. all expected revenue sources;
2. a complete list of eligible expenses, by category; and
3. the net income or shortfall: *Total Revenues - Total Expenses = Net Income (Shortfall)*

Please be as specific as possible when estimating expenses (show your math).

Revenues

Notes

Donations (monetary):

Donations (gifts-in-kind):

Personal / Branch Contributions:

Other Grants / Funding:

Other Revenues (please specify): _____

TOTAL Revenues:

Expenses (Submit copies of all receipts with grant report)

Notes (e.g., 20 meals @ \$11 each)

Administration (will not be funded)

Program Equipment

Program Supplies:

Equipment Purchases:

Equipment Rentals:

Insurance Fees:

Venue Rental:

Participant Transportation

Vehicle:

Meals:

Accommodation:

Program Staff Wages / Honourariums:

Other Expenses (please specify): _____

TOTAL Expenses:

NET INCOME (Shortfall):

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ADMINISTRATION *(to be completed by the INSK Awards, Grants & Bursaries Committee)*

Amount Requested: _____

Date Received: _____

INSK AGB Committee Recommendation(s):

INSK Board of Directors' Motion to accept the INSK AGB Committee recommendation:

Amount Funded: _____

Name of Funding Recipient: _____

Address: _____

Cheque Number: _____

Cheque Date: _____

Date Sent: _____

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